

Division of Licensing and Protection  
103 South Main Street  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

August 13, 2015

Lyne Limoges, Administrator  
Orleans Essex Vna & Hospice  
46 Lakemont Road  
Newport, VT 05855-1550

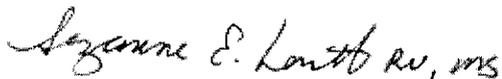
Provider ID #:477018

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 7, 2015**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Suzanne Leavitt, RN, MSN  
State Survey Agency Director  
Assistant Division Director

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

AUG 10 2015

PRINTED: 07/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>07/07/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ORLEANS ESSEX VNA &amp; HOSPICE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 LAKEMONT ROAD NEWPORT, VT 05855</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS	G 000			
G 177	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse counsels the patient and family in meeting nursing and related needs.</p> <p>This STANDARD is not met as evidenced by: Based on staff interviews and record review the agency failed to assure that the registered nurse counseled the patient and/or family in meeting nursing and related needs for Patient #1 (P#1). Findings include:</p> <p>Per staff interview on 7/8/15 at 10:20 AM the Primary Nurse for P#1 stated that P#1 was often non-compliant with nursing instructions and interventions. S/he stated that the patient had stated on numerous occasions; I'm not going to do that I don't want to. I just want to die. They [the hospital] told me I'm going to die why should I do anything. I don't want to go on. They say there's nothing else they can do for me. The client cited these feelings as cause for him/her to be non-compliant with health care instructions. The statements reflect potential Depression. During the same interview the Clinical Manager (CM), who was also present, stated that the patient was more compliant before his/her spouse died a couple of years prior. The CM further stated that significant health improvement was achieved before the spouse died. S/he</p>	G 177	<p>G 177 - Corrective Action Plan:</p> <p>The OEVNA Agency will provide written responsibilities to each employed skilled nursing staff that states the expectations at the time of the initial evaluation visit and ongoing skilled nursing visits as it relates to the Plan of Care and necessary revisions. This includes but not limited to counseling the patient and family in meeting their goals and outcomes.</p> <p>The OEVNA Agency will present an in-service focusing on the CMS regulation 484.30(a) to all skilled nursing staff. Collaborative discussion with time for a question and answer period will be provided.</p> <p><i>Account 8.13.15 mhl</i></p>	08/11/2015	08/11/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Shirley S. Dimas MSN, RN*

Executive Director 8/06/15

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 177	Continued From page 1 stated that his/her death was very difficult for the patient. During the interview the surveyor asked if the patient had ever been referred to the Social Worker or a counselor for screening for Depression. The Primary Nurse stated that s/he hadn't talked to the resident about it because s/he would have refused. The Clinical Manager stated that s/he didn't believe that there had been any referrals at the time of the death of P#1's spouse either. Both staff member's stated that the patient had never been approached regarding the use or availability of the Hospice program either because s/he wasn't ready and s/he would have to discontinue his/her dialysis to qualify. In a review of the record there is no evidence of any discussion with the patient, who is his/her own decision maker, or the family regarding counseling or Hospice.	G 177			
G 224	484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE  Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.  This STANDARD is not met as evidenced by: Based on staff interviews and record review the agency failed to assure that written patient care instructions present reflected the current needs of the resident for P#1, Findings include:  Per staff interview on 7/8/15 at 8:20 AM an HCA who provided care to P#1 on 6/19/15, was new to this resident. The HCA was to provide care according to printed instructions present in the	G 224	G 224 - Corrective Action Plan:  The OEVNA Agency will provide written information to each skilled nursing and professional staff that states the Standard: Assignments and Duties of the home health aide specifically as it relates to written patient care instructions that are prepared by the registered nurse or other appropriate professional who is responsible for supervision on the home health aide. These written care plans must be clear, concise, complete and address patient's current needs.	08/11/2015	

*Rec'd 8-13-15 m.h./sl*

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G 224	Continued From page 2 patient's home. During the care provision on this date the patient, who had a dressing on her right foot, refused to allow the HCA to place a plastic bag over the foot/dressing prior to her shower. In a review of the printed patient care instructions the plan of care for the patient did not address the patient's labile blood sugars, need to wear adequate footwear, dressing and care provision that protected the integrity of the dressing, and environmental considerations regarding infection hazards. The Primary Nurse confirmed that the printed instructions in the office record were identical to the instructions posted in the home.	G 224	G 224 - Corrective Action Plan Continued:  The OEVNA Agency will present an in-service focusing on the CMS regulation 484.36(c) to all skilled nursing and professional staff. Collaborative discussion with time for a question and answer period will be provided.  <i>Doc met 8.13.15 MH/SL</i>	08/11/2015	